

FORM 7 - Certificate of Mental Incompetence of Person Who May Give or Refuse to Give Consent for Various Purposes on Behalf of an Involuntary Patient (*Mental Health Act, R.S.N.B. 1973, c.M-10, s.8.5(2) and Personal Health Information Privacy and Access Act, SNB 2009, c.P-7.05, s.24.1(2)*)



To: The Administrator, _____
(Name of Psychiatric Facility)

I, _____, of _____,
(Name of Attending Psychiatrist) (Address)

am the attending psychiatrist of _____,
(Name of Individual)

an involuntary patient detained in _____
(Name of Psychiatric Facility)

I am of the opinion that _____,
(Name of Individual)

of _____, being a person who may give or
(Address of Individual)

refuse to give consent in accordance with section 8.6 of the *Mental Health Act* on behalf of the involuntary patient is not mentally competent to give or refuse to give consent on behalf of the involuntary patient for the purposes of

(Check one)

- medical treatment that is not routine clinical medical treatment or other psychiatric treatment under section 8.4 of the *Mental Health Act*.
- disclosure of information under section 24.1 of the *Personal Health Information Privacy and Access Act*.
- a leave of absence under section 20 of the *Mental Health Act*.
- transfer to and detention in a psychiatric facility in another jurisdiction under section 27 of the *Mental Health Act*.

The reasons for my opinion that the individual to whom the certificate relates is not mentally competent to give or refuse to give consent are as follows:

Dated this _____ day of _____, 20 ____ .

(Signature of Attending Psychiatrist)